



**District of Columbia
Department of Parks and Recreation
Athletic Programs Administration**



Adult Sports Registration Form

Name of Sport: _____

Name of Team: _____

Team Captain Information:

Name: _____

Address: _____ **City/State/ZIP:** _____

Phone Number: _____ **Email:** _____

Assistant Captain Information:

Name: _____

Address: _____ **City/State/ZIP:** _____

Phone Number: _____ **Email:** _____

Choice	Day	Site	Time
1 st			
2 nd			
3 rd			

We will try to accommodate your selection.

Forms of payments: Certified Checks, Money Orders, and Credit Cards (Visa, Master Card, and Discovery) made payable to "DC Treasurer"

**DC Department of Parks and Recreation
Attn: Athletic Programs
3149 16th Street, NW
Washington, DC 20010**

To pay by credit card call Athletics Program Administration at 202-671-1700

Payment attached: _____